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JAN 25 2010

EXAMINER

COVER LETTER

10:	Division of Cor					
SUBJE	CCT: Bramato	n Associates, LLC				
2000	<u></u>		ed Liability Com	pany		
The end	closed Articles of	Organization and fee(s) are	submitted for fili	ng.		
Please	return all correspo	ndence concerning this mat	ter to the following	ng:		
	Ronald	W. Morehead				
•			Name of Person			
			Firm/Company			
			i mis company			
,	1181 Br	ampton Place	Address	··		SEC.
	Heathro	w, Florida 32746				HINS HINS
•			y/State and Zip Co	de		25 P.
-	ron.	morehead@earthlinl E-mail address: (to be used to	k.net	port notificatio	m)	
For fur	ther information co	oncerning this matter, please		port notificatio	,	10 F
		W. Morehead	_ at (407			····
	Name of	f Person	Area Co	de & Daytime '	Telephone Number	
Enclos	ed is a check for	the following amount:				
X\$125.	00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified C (additional co		Certified C	of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Addration Section n of Corporat Building xecutive Cent ssee, FL 3230	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	s:
Brampton Associates LLC (Must end with the words "Limited Lia	bility Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1181 Brampton Place	7AL 2011
Heathrow, Florida 32746	Tariti Congress
· · · · · · · · · · · · · · · · · · ·	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the Ronald W. Morehead Name	e registered agent are:
1181 Brampton Plac Florida street address (P.	O. Box <u>NOT</u> acceptable)
	FL 32746
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ronald W. Morehead 1181 BEAMPTON PL HEATHROW, FL 32744
MGR	Mary Ann Morehead 1181 BRAMDION PL
	HEATHROW, FL 3274L
	SR 2 PR
(Use attachment if necessary)	
	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
nective date is fisted, the date mus days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE:	Morehead
days after the date of filing.) REQUIRED SIGNATURE: Signature of a merical content of the second and the second accordance with	moer or an authorized representative of a member. In section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury of therein are true.)

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

of Registered Agent